

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002890

AMENDED

Registration District No. 551

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Barnard</u>				Length of stay in 1b <u>✓</u>		c. CITY OR TOWN <u>Barnard</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>By Truck.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Loren</u> Last <u>McCoy</u>				4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>1962</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>Cau.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-26-1881</u>	
9. AGE (last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. IF UNDER 24 HR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (City and state or country) <u>Rockport Mo</u>				12. NAME OF HUSBAND OR WIFE <u>Cleo McCoy</u>			
13a. FATHER'S NAME <u>Wm. McCoy</u>				13b. MOTHER'S MAIDEN NAME <u>Lenora Sperry</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>				15. SOCIAL SECURITY NO. <u>5 Mrs Cleo McCoy - Barnard Mo</u>			
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Transsection of spinal cord</u> DUE TO (b) <u>Fractured appendicular vertebrae</u> DUE TO (c) <u>Interval between onset and death</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple internal injuries</u>							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car in which he was riding struck</u>			
20c. TIME OF INJURY Hour <u>6:51</u> p.m. Month, Day, Year <u>2 5 62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>highway 71</u>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 71</u>		20f. CITY, TOWN, OR LOCATION <u>Marysville</u>		COUNTY <u>Nodaway</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>6:51 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. J. Land</u>				(Degree or title) <u>MD</u>		22b. ADDRESS <u>Maryville Mo</u>	
22c. DATE SIGNED <u>2/8/62</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					
23b. DATE <u>2-8-1962</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Miriam Cern - Maryville, Mo.</u>		23d. LOCATION (City, town, or county) <u>Maryville, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Atchison, Maryville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-8-62</u>		26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.